



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1761-MC-FFS

DATE: February 1, 2017

TO: Iowa Medicaid Integrated Health Homes (IHH), Iowa Medicaid Home- and Community-Based (HCBS) Providers and Targeted Case Managers (TCM)

APPLIES TO: Managed Care (MCO) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Clarification of Assessment Tools Approved for Home- and Community-Based Services (HCBS)

EFFECTIVE: Immediately

HCBS Waiver Level of Care (LOC) and Habilitation Needs Based Assessment (NBA) assessment tool clarifications and processes are outlined below:

- 1) The [Medicaid Member Documentation Upload Cover Sheet](https://dhs.iowa.gov/sites/default/files/470-5403.pdf)¹ must be fully completed and used as the first page of each member's documents prior to uploading to the [Iowa Medicaid Portal Access](https://secureapp.dhs.state.ia.us/impd/(S(drt2upyze0x4o0te5qljhbga))/Default.aspx)² (IMPA) system. A separate coversheet must be utilized for each member, and each member's documents must be a separate upload. Lack of a fully completed cover sheet may delay the IME processing of documents.
- 2) The assessment tool which is accepted by the IME for the Intellectual Disability (ID) Waiver is the Supports Intensity Scale (SIS) for those applicants ages five and older. For ID Waiver applicants under the age of five, the IME will accept the [Case Management Comprehensive Assessment](http://dhs.iowa.gov/sites/default/files/470-4694.pdf)³ form. The IME will not accept or review any other assessment tools for this waiver population.
- 3) For a Managed Care Organization (MCO) enrolled member, effective March 1, 2017, the IME Medical Services Unit will accept only the following assessment tools to complete the LOC and Habilitation NBA (for populations other than ID Waiver):
 - a. An assessment included in the Iowa Administrative Code (IAC), specific to the HCBS program indicated by the IAC.
 - b. An assessment included in the MCO contract, specific to the HCBS program indicated in the contract.

¹ <https://dhs.iowa.gov/sites/default/files/470-5403.pdf>

² [https://secureapp.dhs.state.ia.us/impd/\(S\(drt2upyze0x4o0te5qljhbga\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impd/(S(drt2upyze0x4o0te5qljhbga))/Default.aspx)

³ <http://dhs.iowa.gov/sites/default/files/470-4694.pdf>

- c. An assessment included in [Informational Letter 1677](#)⁴ issued on July 19, 2016, specific to the HCBS program indicated in the letter

The IME will not accept tools that have not been specified as usable for the HCBS program for which the applicant has applied. For example, the SIS cannot be used for the Elderly Waiver, nor can the [LOC Certification for HCBS Waiver Program](#)⁵ be used for the ID Waiver.

The IME will accept the above mentioned assessment tools in 3a, 3b and 3c until such time as the IAC has been updated to designate a different tool. Rules have been initiated to change the IAC. The proposed rules will be published in the Bulletin on February 1, 2017. Attached is a chart that indicates the assessment tools that will be accepted by the IME for MCO enrolled members once the rules have been adopted.

- 4) For applicants who enter the process as FFS and for members who remain FFS, the IME will only accept those tools designated on the attached chart. The IME will not accept or review any other assessment tools for these HCBS populations.
- 5) If IME staff become aware that additional pertinent information is required to complete the LOC and NBA assessment processes, staff will contact the assessment submitter, the MCO (if applicable) and the IME MCO account manager (if applicable), for that information. The IME does accept and review subsequent submissions of information that may inform eligibility decisions.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.

⁴ https://dhs.iowa.gov/sites/default/files/1677_interRAI%E2%84%A2Assessments.pdf

⁵ https://dhs.iowa.gov/sites/default/files/470-4392_2.pdf

Waiver/Service Type	Age	DHS Designated Assessment Tool
AIDS/HIV	0 - 3	Case Management (CM) Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
AIDS/HIV with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
AIDS/HIV with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Brain Injury (BI)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
BI with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
BI with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Children's Mental Health	0 - 3	CM Comprehensive Assessment (or modified PIHH)
	4 - 20	interRAI - Child and Youth Mental Health (ChYMH)
	12 - 18	interRAI - Adolescent Supplement (in addition to ChYMH)
Elderly	65 +	interRAI - Home Care (HC)
Elderly with Habilitation	65 +	interRAI - Community Mental Health (CMH)
Health and Disability (HD)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 - 64	interRAI - Home Care (HC)
HD with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
HD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Intellectual Disability (ID)	0 - 4	CM Comprehensive Assessment
	5 - 15	Supports Intensity Scale - Child (SIS-C)
	16+	Supports Intensity Scale - Adult (SIS-A)
ID with Habilitation	16 +	Supports Intensity Scale - Adult (SIS-A)
Physical Disability (PD)	18 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
PD with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
PD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Habilitation Services	16 - 18	interRAI - Child and Youth Mental Health (ChYMH)
	19 +	interRAI - Community Mental Health (CMH)